

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **769940** (8)

1. Corporation Name

**ST. MARGARET'S EPISCOPAL CHURCH OF INVERNESS, FL
ORIDA, INC.**



Principal Place of Business 114 NO. OSCEOLA AVE. INVERNESS FL 34450 US	Mailing Address 114 NO. OSCEOLA AVE. INVERNESS FL 34450 US
--	--

3. Date Incorporated or Qualified

08/24/1983

4. FEI Number

59-1993400

Applied For
Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JOAN L
114 N. OSCEOLA AVE.
INVERNESS FL 34450**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joan E. Williams
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-7-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	MD	<input type="checkbox"/> DELETE
NAME	RINGQUIST, CAL	
STREET ADDRESS	8815 E. SKYE DR.	
CITY-ST-ZIP	INVERNESS FL 34450	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, KATHLEEN N	
STREET ADDRESS	451 E. IRELAND CT.	
CITY-ST-ZIP	HERNANDO FL 34442	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JONES, PAM	
STREET ADDRESS	6157 E CARMEL LANE	
CITY-ST-ZIP	INVERNESS FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Bagwell, Cheryl
3.3 STREET ADDRESS	P.O. Box 324 - N/A
3.4 CITY-ST-ZIP	Holder, FL 34445

TITLE	D	<input type="checkbox"/> DELETE
NAME	GLENN, DORIS	
STREET ADDRESS	9405 E MOON RIVER CT	
CITY-ST-ZIP	INVERNESS FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	COX, JR. ALVAH L.	
STREET ADDRESS	451 E IRELAND CT	
CITY-ST-ZIP	HERNANDO FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESTRELLA, LEO	
STREET ADDRESS	3122 S BAYBERRY PT	
CITY-ST-ZIP	INVERNESS FL 34450	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Kovach, Michael
6.3 STREET ADDRESS	9260 Mistwood Drive
6.4 CITY-ST-ZIP	Inverness, FL 34450

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Joan E. Williams* 2/22/98 252-721-3153

CF2E037 (10/97)